

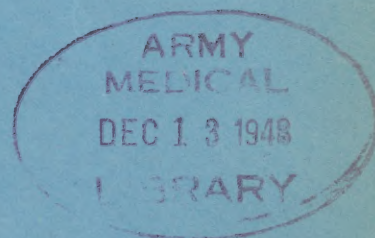
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# MONTHLY HEALTH REPORT



JUL 1 1945

**AUGUST 1948  
VOL 1 NO 3**

**MILITARY DISTRICT OF WASHINGTON**

**RESTRICTED**





# MONTHLY HEALTH REPORT

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON  
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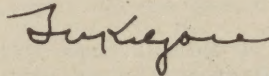


## INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.



FLOYD V. KILGORE  
Colonel, MC  
Surgeon



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# PREVENTIVE MEDICINE

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## GENERAL COMMENT

The general health of the command was satisfactory for the five week period ending 30 July, 1948. The noneffective rate of 12.94 was a slight decrease from the 13.00 reported for the previous period.

Unless otherwise indicated, references to disease and injuries in this publication apply to all Class I and II installations, exclusive of Walter Reed General Hospital. Rates are calculated on a basis of a thousand mean strength per year.

In consideration of the present method of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type of Department installation, differential health statistics for Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

Admissions for all causes decreased for the period ending 30 July to 317.3 per thousand per annum. The rate for the previous period was 351.5. The highest rate reported for all causes was 750.5 per thousand per year by Fort Myer, North Post; and the lowest rate 153.9 was reported by Fort Myer, South Post.

All stations except the General Dispensary, USA, reported a decrease in injury admissions. Total admissions for this cause dropped from a rate of 42.2 per thousand per annum for June to 30.7 for the current period.

Psychiatric diseases which reached a rate of 15.5 during the last report period have receded to a rate of 7.5 for July.

One death caused by injury was reported by Fort Belvoir during the 5 week period ending 30 July.

## COMMUNICABLE DISEASES

Pneumonia, all types, has shown a slight increase to a rate of 4.1 cases per thousand per year as compared with the 3.7 rate for June.

The rate of 16.2 for influenza reported for the current period is double the rate for the previous report period.

Incidence of common respiratory disease has shown a marked decrease to a rate of 51.0 admissions per thousand per annum from the rate of 67.3 indicated in the last report. All stations except Arlington Hall contributed to this lower rate; the incidence at that station increasing from a previous rate of 37.9 to a current 91.6.

Two cases each of diarrheal disease, tuberculosis, and rheumatic fever were reported by Fort Belvoir during the month of July. There were no cases of these diseases reported by other medical installations during this period.

Hepatitis incidence increased with a total of 4 cases reported for this period as compared with 1 case in June.

Other communicable diseases, measles, scarlet fever, and pneumonia atypical, reflected only minor changes.

\* \* \* \* \*

Pertinent statistical tables may be found on pages 2 and 4.

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GENERAL DATA  
 5 Week Period Ending 30 July 1948  
 (Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD's	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries				
				Cases	Rate	Cases	Rate	Cases	Rate			
Arlington Hall	681	681	-	25	381.8	25	381.8	-	-	1.09	-	-
Fort Belvoir	6,929	5,839	1,090	204	306.0	179	268.5	25	37.5	22.98	2	1
Fort McNair	840	736	104	42	520.0	35	433.3	7	86.7	6.19	-	-
Fort Myer (North Post)	1,469	1,284	185	106	750.5	99	700.9	7	49.6	37.71	-	-
Fort Myer (South Post)	1,756	1,756	-	26	153.9	26	153.9	-	-	0.02	-	-
General Dispensary, USA	5,407	5,376	31	104	199.7	94	180.5	10	19.2	1.93	-	-
Vint Hill Farms	932	932	-	40	446.4	36	401.8	4	44.6	2.27	-	-
Total Mil Dist of Wash	18,014	16,604	1,410	547	317.3	494	286.5	53	30.7	12.94	2	1
Army Medical Center	2,816	2,493	323	216	797.0	207	394.8	9	33.2	526.41	106	5
Total Dept/Army Units	20,830	19,097	1,733	763	381.5	701	350.5	62	31.0	82.36	108	6
CLASS III UNITS												
Andrews Field	3,683	3,560	123	78	220.0	65	183.3	13	36.7	7.03	-	-
Bolling Field	4,900	4,900	-	130	275.6	114	241.7	16	33.9	7.20	-	1
Wash Nat'l Airport	1,684	1,684	-	28	173.0	27	166.9	1	6.1	0.90	-	-
Total Dept/Air Force Units	10,267	10,144	123	236	238.4	206	208.1	30	30.3	6.11	-	1
Consolidated Total	31,097	29,241	1,856	999	329.7	907	299.3	92	30.4	57.18	108	7

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR  
 For 5 Week Period Ending 30 July 1948  
 (Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Arlington Hall	91.6	-	-	-	-	-	-	-	-	-	-	-	-
Fort Belvoir	13.5	10.5	10.5	-	-	1.5	-	3.0	3.0	3.0	4.5	1.5	19.5
Fort McNair	37.1	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer (North Post)	56.6	-	-	56.6	-	7.1	-	-	-	-	7.1	-	-
Fort Myer (South Post)	71.0	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA	48.0	-	-	38.4	-	5.8	-	-	-	-	-	-	-
Vint Hill Farms	279.0	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	51.0	4.1	4.1	16.2	-	2.9	-	1.2	1.2	1.2	2.3	0.6	7.5
Army Medical Center	36.9	7.4	3.7	-	-	3.7	-	7.4	-	-	3.7	3.7	-
Total Dept/Army Units	49.0	4.5	4.0	14.0	-	3.0	-	2.0	1.0	1.0	2.5	1.0	6.5
CLASS III UNITS													
Andrews Field	16.9	-	-	-	-	-	-	-	-	-	-	-	-
Bolling Field	12.7	-	-	4.2	-	2.1	-	-	-	-	2.1	-	19.1
Wash Nat'l Airport	24.7	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	16.2	-	-	2.0	-	1.0	-	-	-	-	1.0	-	9.1
Consolidated Total	37.6	3.0	2.6	9.9	-	2.3	-	1.3	0.7	0.7	2.0	0.7	7.3

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# PREVENTIVE MEDICINE

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## VENEREAL DISEASE

The incidence of venereal disease has continued its upward trend in the Military District of Washington with an overall rate of 20.47 cases per 1000 per annum for all Army installations including Walter Reed General Hospital. A slight decrease from 19.26 cases per 1000 per annum reported for the previous period to 19.05 cases per 1000 per annum for the current period, is noted for all Army troops exclusive of Walter Reed General Hospital. Of the Military District of Washington units Fort Belvoir continued to report the highest rate of 42.03 cases per 1000 per year; an increase over the previous report period rate of 41.86 cases per 1000 per annum.

Three units reported an absence of venereal disease for the period, Arlington Hall Station, South Post, Fort Myer, and the General Dispensary. The latter unit has shown a commendable record of no cases reported in the past three months.

## AIR FORCE VENEREAL DISEASE.

A total of 16 cases of venereal disease was reported by Class III units in the area, for a rate of 16.21 cases per 1000 per annum, an increase over the 13.00 cases per annum reported for the previous period. Of the three Air Force units, the Washington National Airport reported a zero rate.

Pertinent statistical tables and charts may be found on pages 6 and 7

The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

## NEW VENEREAL DISEASE CASES - EXCL EPTS - JULY AND JUNE \*

STATION	Rate Per 1000 Per Year	
	July 48	June 48
Arlington Hall	-	37.90
Fort Belvoir	42.03	41.86
Fort McNair	24.76	13.40
Fort Myer (North Post)	14.16	-
Fort Myer (South Post)	-	15.08
General Dispensary, USA	-	-
Vint Hill Farms	11.16	-
Total Military District of Washington	19.05	19.26
Army Medical Center	29.55	13.41
Total Dept/Army Units, Mil'Dist of Washington	20.47	18.43
Class III Units		
Andrews AF Base	19.72	10.50
Bolling AF Base	19.10	11.03
Washington Nat'l Airport	-	24.89
Total Class III	16.21	13.00
CONSOLIDATED TOTAL	19.06	16.65

\* Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

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# PREVENTIVE MEDICINE

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES  
MDW RATES PER 1000 TROOPS PER YEAR

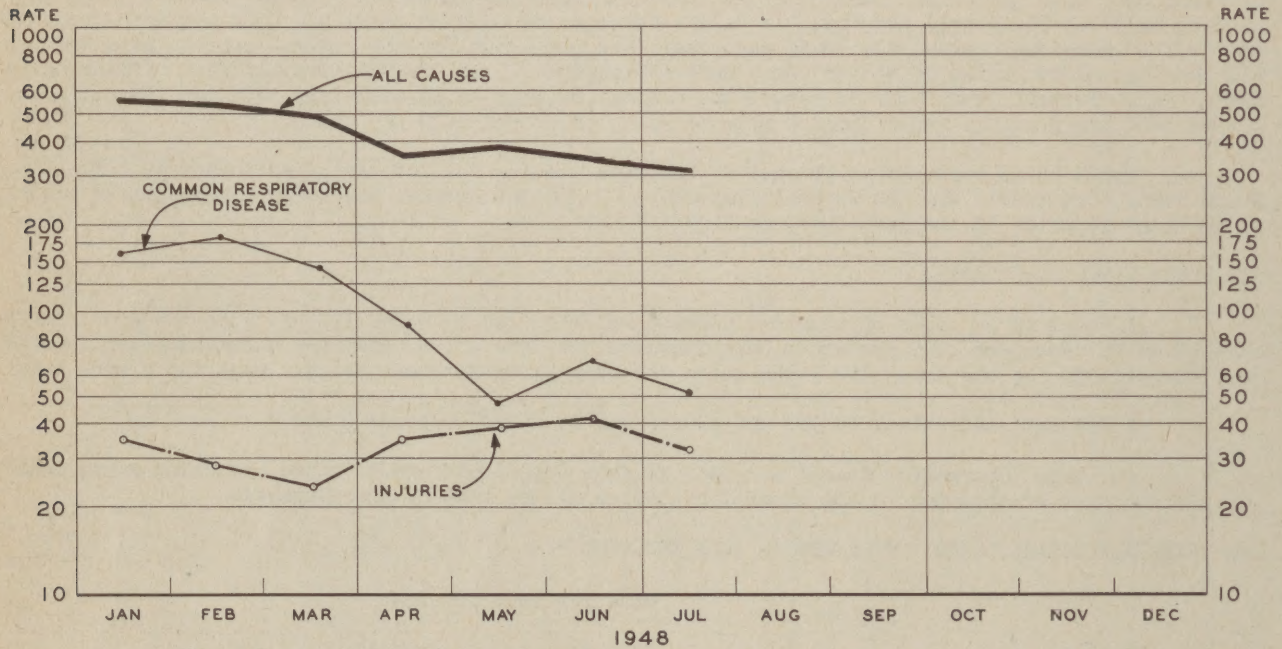
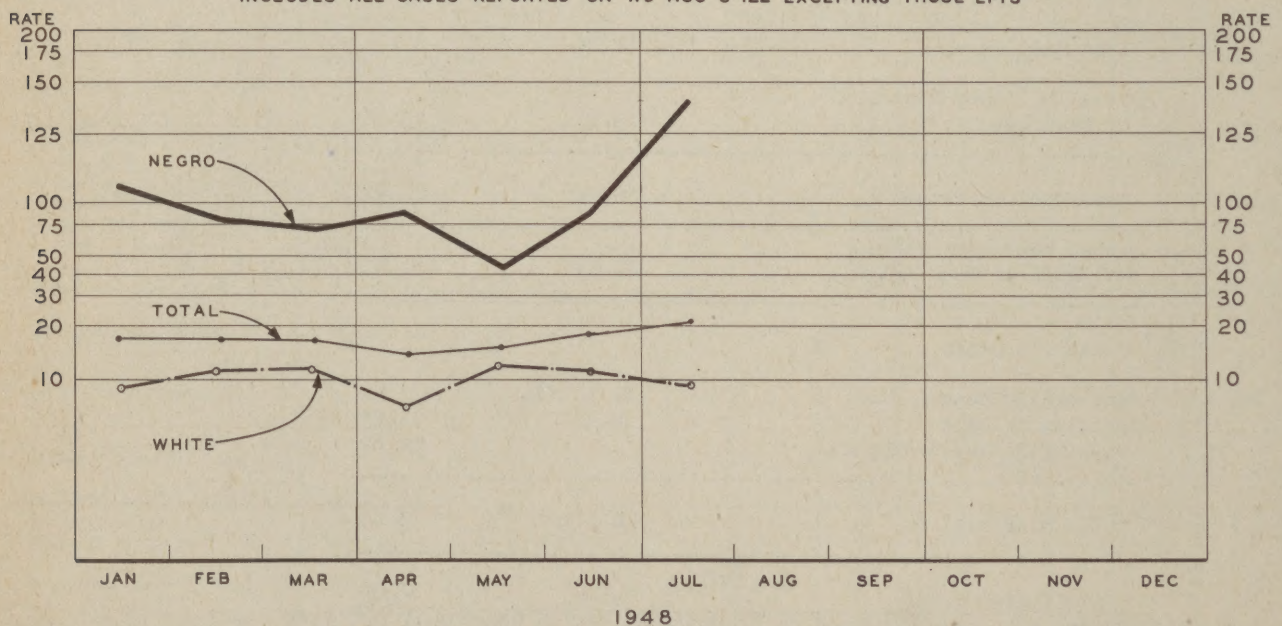


CHART 2

ADMISSION RATES BY MONTH, VENEREAL DISEASES, MIL. DIST. OF WASH 1948  
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



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# PREVENTIVE MEDICINE

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## CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT For the Five Week Period Ending 30 July 1948 (Data from WD AGO 8-122) (Chargeable Cases)

Station	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old and New Cases)
			Syphilis	Gonorrhea	Other	Total		
Arlington Hall	W	681	-	-	-	-	-	-
	N	-	-	-	-	-	-	-
	T	681	-	-	-	-	-	-
Fort Belvoir	W	5,839	1	10	-	11	19.59	22
	N	1,090	1	16	-	17	162.20	89
	T	6,929	2	26	-	28	42.03	111
Fort McNair	W	736	-	2	-	2	28.26	-
	N	104	-	-	-	-	-	-
	T	840	-	2	-	2	24.76	-
Fort Myer (North Post)	W	1,284	-	1	-	1	8.10	-
	N	185	-	1	-	1	56.22	-
	T	1,469	-	2	-	2	14.16	-
Fort Myer (South Post)	W	1,756	-	-	-	-	-	-
	N	-	-	-	-	-	-	-
	T	1,756	-	-	-	-	-	-
General Dispensary, USA	W	5,376	-	-	-	-	-	-
	N	31	-	-	-	-	-	-
	T	5,407	-	-	-	-	-	-
Vint Hill Farms	W	932	-	1	-	1	11.16	-
	N	-	-	-	-	-	-	-
	T	932	-	1	-	1	11.16	-
Total Mil Dist of Wash	W	16,604	1	14	-	15	9.40	22
	N	1,410	1	17	-	18	132.77	89
	T	18,014	2	31	-	33	19.05	111
Army Medical Center	W	2,493	1	2	-	3	12.52	650
	N	323	-	5	-	5	160.99	277
	T	2,816	-	7	-	8	29.55	927
Total Dept/Army Units	W	19,097	2	16	-	18	9.80	672
	N	1,733	1	22	-	23	138.03	366
	T	20,830	3	38	-	41	20.47	1,038
CLASS III UNITS Andrews AF Base	W	3,560	2	3	-	5	14.61	42
	N	123	-	2	-	2	169.11	-
	T	3,683	2	5	-	7	19.72	42
Bolling AF Base	W	4,900	2	7	-	9	19.10	18
	N	-	-	-	-	-	-	-
	T	4,900	2	7	-	9	19.10	18
Wash Nat'l Airport	W	1,684	-	-	-	-	-	-
	N	-	-	-	-	-	-	-
	T	1,684	-	-	-	-	-	-
Total Class III Units	W	10,144	4	10	-	14	14.35	60
	N	123	-	2	-	2	169.11	-
	T	10,267	4	12	-	16	16.21	60
Consolidated Total	W	29,241	6	26	-	32	11.38	732
	N	1,856	1	24	-	25	140.09	366
	T	31,097	7	50	-	57	19.06	1,098

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## PREVENTIVE MEDICINE

### VENEREAL DISEASE RATES FOR THE US \*

(All Army Troops)

	July	June
First Army Area	29	30
Second Army Area	38	36
Mil Dist of Washington	19	17
Third Army Area	39	35
Fourth Army Area	29	27
Fifth Army Area	24	21
Sixth Army Area	33	38

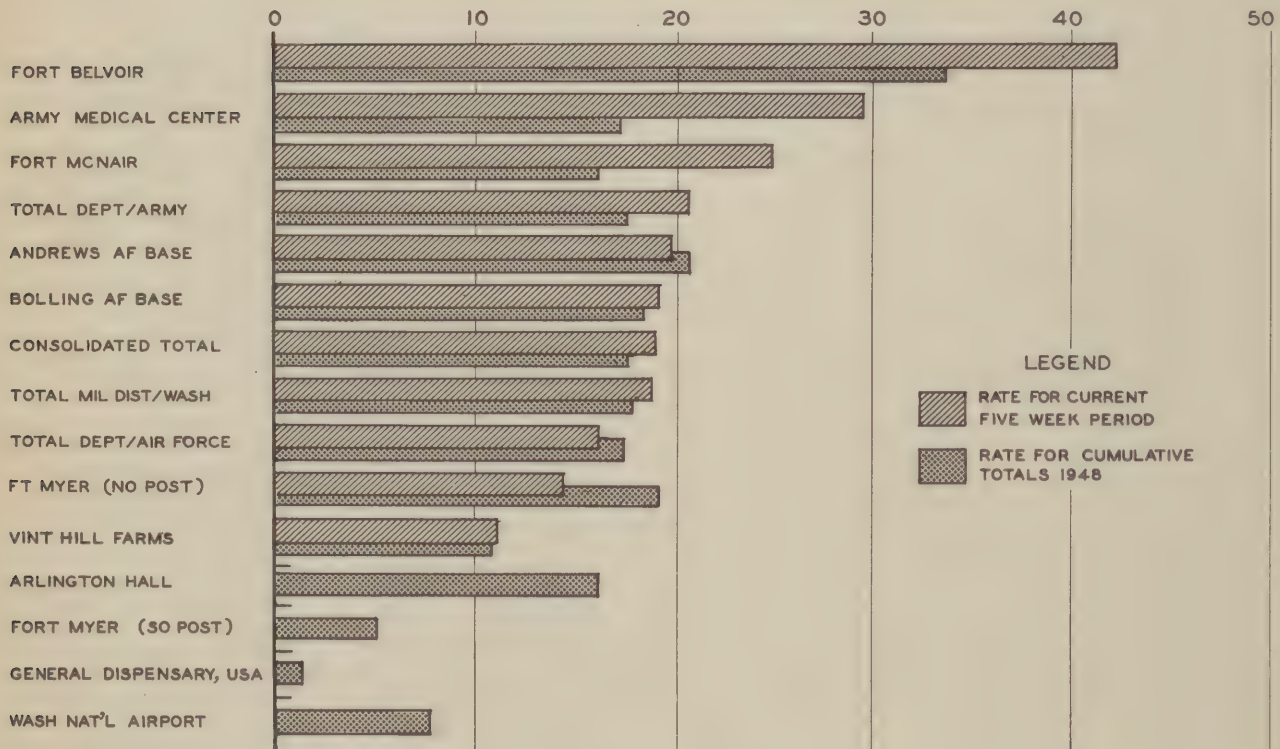
Total United States	31	31
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\* Compiled in the Office of the Surgeon General and include General Hospitals and Class III installations.

#### CHART

### VENEREAL DISEASE RATES PER 1000 PER YEAR- FIVE WEEK & CUMULATIVE TOTAL ENDING 30 JULY 1948

TOTAL WHITE & NEGRO PERSONNEL  
(CHARGEABLE CASES)



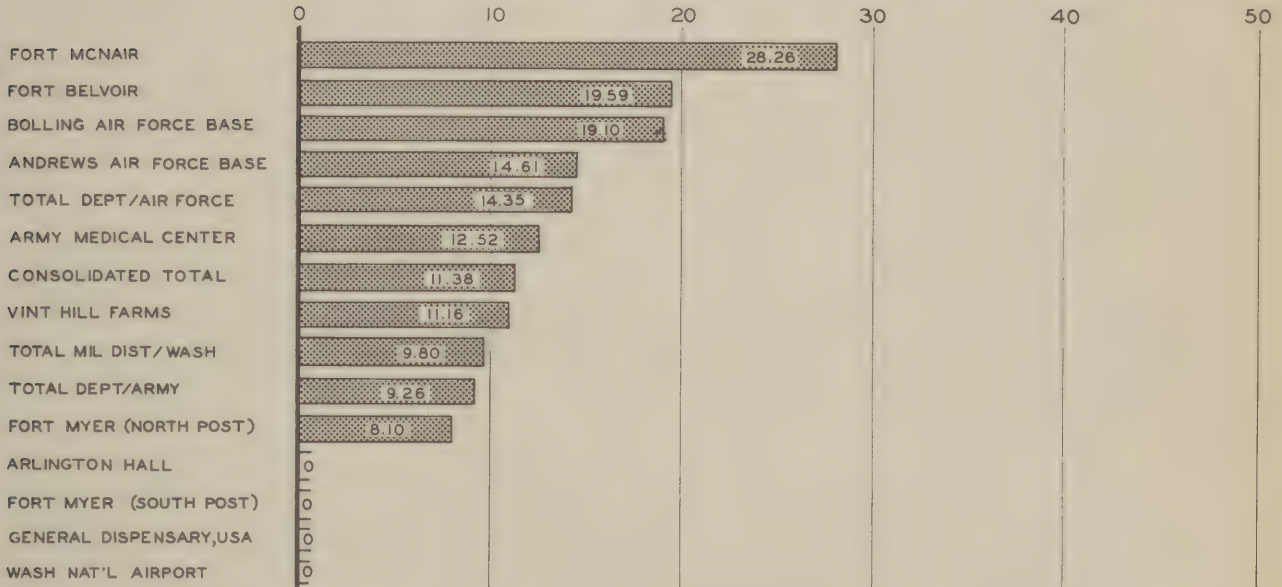
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CHART

# VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR—5 WEEK PERIOD ENDING 30 JULY 1948

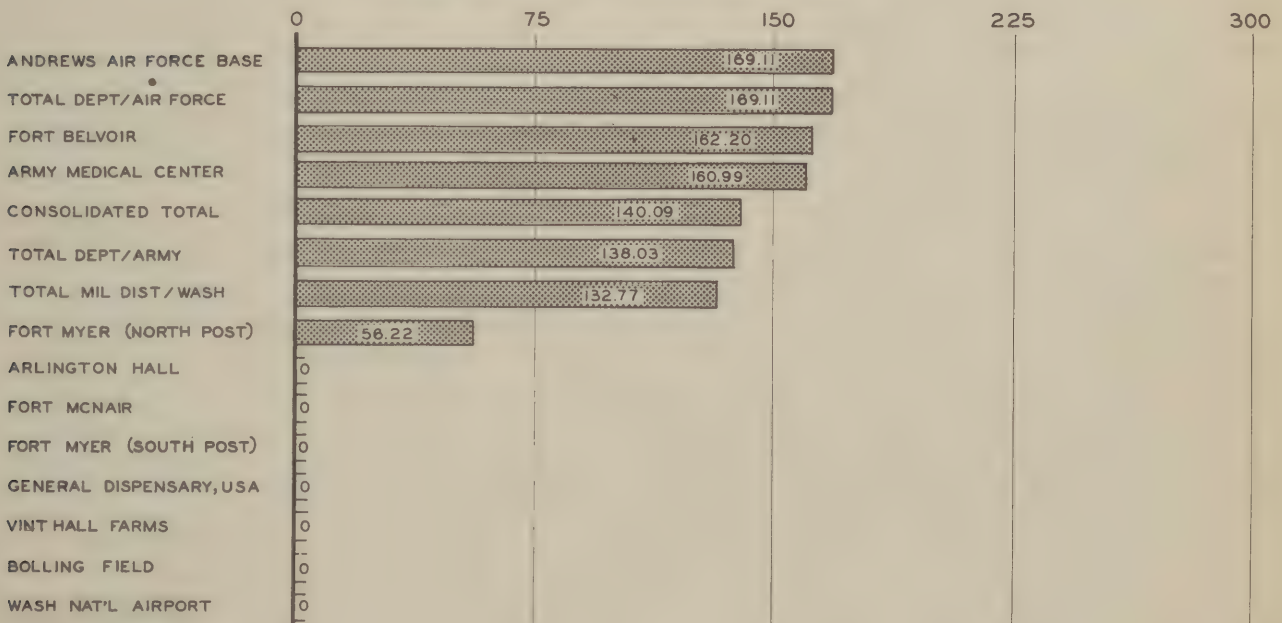
WHITE PERSONNEL (CHARGEABLE CASES)



CHART

# VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR—5 WEEK PERIOD ENDING 30 JULY 1948

NEGRO PERSONNEL (CHARGEABLE CASES)



## PREVENTIVE MEDICINE

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### MILITARY AND CIVILIAN FOOD HANDLERS

Army Regulation 40-205 prescribes physical requirements for all permanent food handlers prior to their employment and at monthly intervals thereafter. It is required that no one in the transmissible stage of a communicable disease or who is a known carrier of the causative organisms of such a disease be so employed. Attention must be given to the history of diseases which may have produced carrier states.

When special tests and cultures appear necessary to determine the presence or absence of carrier states, they may be done at the option of the medical examiner. Although the serological test is not required to prove the absence of infectious venereal lesions, it is recommended that it be accomplished, at least at the initial examination, since it may well have an important bearing on the individual's physical qualifications for occupation as a food handler.

The physical examination referred to is conducted by medical personnel. Just as important, there should be a daily inspection of all personnel employed as food handlers, this inspection to be made by the immediate supervisory personnel. At this inspection, personnel should be observed for cleanliness, both of person and clothing; the length of hair and finger nails should be checked; in the case of female personnel the use of hair nets to restrain the hair is advisable. Food handlers should be observed daily for the presence of disease conditions such as furuncles or infected cuts or abrasions which might cause staphylococcus food poisoning and should be taught to report illnesses such as respiratory infections and diarrhea.

### SAFETY AND SOLVENTS

Home and industrial chemicals, especially solvents, can cause serious health problems when used carelessly. This warning was sounded by Dr. Rex H. Wilson of Akron, Ohio, who named benzene as "one of the most dangerous of the industrial solvents." Cases of benzene poisoning have been found when the exposure to atmospheric concentration of the solvent was considered safe for the average person, Dr. Wilson reported. Symptoms are muscular tremors, convulsions, dizziness; nausea, headaches, and paralysis. It also affects the blood count, he added.

People with blood or bone-marrow abnormalities should be kept away from benzene, the Akron doctor advised. Atmospheric concentrations for any worker should not be in excess of 100 parts per million. He also emphasized the need of care against skin contact with this solvent.

Carbon tetrachloride, another solvent, can produce numerous physical disorders, including jaundice, Wilson said. He urged screening of workers and elimination of the undernourished, those with diabetes, nephritis (inflammation of the kidneys), lung or liver trouble, and those with enlarged thymus and thyroid glands.

Acetone was blamed for severe eye and respiratory irritation. Gasoline vapors were reported narcotic in their effect. Carbon disulfide, used in the manufacture of rubber and viscose products, can cause neuritis which most commonly affects the nerves of the limbs and certain of the cranial nerves.

Of the alcohol group of solvents, methyl alcohol is the most toxic. It has a specific action on the optic nerve, and with long enough exposure, it may cause blindness.

Solvents at home: Familiar chemicals sold at the corner drug or grocery store as household or beauty aids, often contain irritating solvents. These may be found in bathtub cleaners, nail-polish removers, paints, lacquers, stain removers, insecticide sprays, and cleaning fluids.

"Scientific control of exposure to chemicals is not to be expected in a home," said Dr. John H. Foulger, industrial toxicologist of Wilmington, Del. To avoid injury from solvents, Foulger suggests: (1) proper labeling to show the degree of hazard in the product; (2) education of the user to read labels, or if the package is unlabeled, to guard against spilling the contents on the skin or clothing, and (3) never to use a solvent product in a confined, unventilated space.

(Extracted from Newsweek, Vol XXXII, No 6, 9 August 1948)

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## PROFESSIONAL SERVICES

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### PROFESSIONAL DUTIES OF MEDICAL CORPS OFFICERS.

Information continues to reach this office which indicates that there is a misunderstanding as to the professional duties of officers of the Medical Corps. It appears that some still feel that, in view of the fact that they possess an MOS of a specialist category, their duties and qualifications are limited. It should be clearly understood that each officer in the Medical Corps is a graduate of a recognized medical school and has an M.D. degree which entitles him to practice medicine. Each physician commissioned in the Medical Corps is considered to be qualified as a medical officer, general duty. An MOS of a specialist category is considered an additional qualification.

A fitting example of misunderstanding is illustrated by the fact that one station, where there were several medical officers, reported that they had no radiologist and therefore could not pass on the chest X-ray films of applicants for enlistment. By this criterion, they could have also reported that they could not pass on the heart, lungs, genito-urinary system, nervous system, eyes, or nose and throat for the reason that specialists in these branches of medicine were not assigned to the station.

Surgeons of medical installations should impress upon their medical staff that they are doctors of medicine and that if they feel weak in any phase of general medical practice, it is their duty to brush up on the subjects in which they feel weak. There is no better opportunity to do this than entering into the active general medical practice at a medical installation. In addition, there are good libraries and medical periodicals at each station. This should not be interpreted to mean a change in policy as to the type of cases which should be treated at station hospitals, WD Circular 59 1947, as amended.

### CONTACT HISTORY OF VENEREAL DISEASE AMONG MILITARY PERSONNEL

A study of the Venereal Disease Contact Reports received in this headquarters indicates the need for more concern by the persons responsible for interviewing individuals being treated for cases of venereal disease and obtaining information relative to the contact history of the case.

Present day drugs, methods of diagnosis and treatment have provided an unequalled effectiveness in control of the disease but to produce efficiency in waging the battle against VD, the source of the disease must be located.

The present method of cooperating with civilian health authorities by the use of the Contact Report of Venereal Disease form is an effective one only if sufficient information is provided to insure reasonable success in locating and identifying the person named therein.

The responsibility for full and accurate completion of the report of contact rests with the Medical Officer who treats the case, even though actual interview and preparation may be delegated to a subordinate. He should review each report as it is presented to him to ascertain that there are not an excessive number of unanswered or negatively answered questions that would preclude a successful follow up.

The interviewer should ask himself before completing the interview "Would I be able to locate the person described in this report?" If the answer is "No" questioning should be continued until all possible tracing information is listed. It may, at times, be necessary to reinterview the patient at a later time to obtain information relative to questions which were initially answered "unknown" or negatively. At no time should the interrogator matter-of-factly enter "unknown" without trying to elicit information which would give a clue to the requested answer.

Many times, descriptions of places and persons narrow the search to a reasonable field. Habits, physical appearance, characteristics, hangouts, friends, places of employment, etc., are important features which frequently lead to successful investigation.

With accurate preparation, the Contact History of Venereal Disease can be of great value in fighting VD at its source, therefore, the Medical Officer responsible for treatment of the patient must see that a diligent and constant attempt is made by himself and his subordinates to eliminate the unknowns and to replace them with entries that will assist investigators in locating the individuals and places described.

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## VETERINARY SECTION

### VETERINARY SERVICE WITHIN THE MILITARY DISTRICT OF WASHINGTON

U. S. Army Veterinary Service within the Military District of Washington includes the inspection of all perishable foods of animal origin issued to military organizations and sold by Army commissaries. This service also includes professional care of the U.S. Government owned horses located at the various Army and Marine Corps installations and the preventive medicine program of rabies immunization for small animals of members of the Armed Forces.

Foods of animal origin makeup about 30 percent of the soldier's ration. These foods represent over 75 percent of the cost of the ration but an even higher percentage of the food value of the soldier's diet. This class of food is the most perishable and the most difficult to judge for quality and wholesomeness. Most foodborne diseases are transmitted to man through such food products when improper methods of storage and handling allow them to become contaminated.

The objectives of veterinary food inspection are first, the protection of troops against diseases that are transmitted through infected or contaminated foodstuffs; and second, the protection of the financial interests of the U.S. Government by assuring the delivery of high quality food products by the merchant or contracting establishment.

To accomplish the first objective such sanitary inspections of these products are made prior to purchase, at time of purchase, and thereafter, as are necessary to insure that only wholesome, safe foods are procured for, issued to, and consumed by the Armed Forces. The economical interests of the government are protected by this inspection service prior to purchase to assure that all subsistence of this type is of the quality (type, class, grade) that has been contracted for and agreed to in the purchase instrument. Concern for the interests of the Army is continued after purchase to assure that all products are properly transported, warehoused, rotated, and handled in order that no avoidable deterioration or loss occurs.

Veterinary Food Inspection of the Military District of Washington is provided for the Army, Navy, Air Forces, and Marine Corps. Food products purchased within the Military District for use in adjacent Army areas, Navy transports and overseas bases are inspected prior to purchase and at time of shipment to their destination.

Class 3, or point of origin, veterinary food inspection is carried out on all perishable products of animal origin purchased in the Washington area. This service assures that all meat, dairy products and seafoods purchased are of a high quality and are produced and processed in a clean sanitary manner. All perishable foods of animal origin that come into the Military District of Washington from outside the area for distribution to the troop messes are inspected for sanitary conditions at the time they are received and at the time they are issued. A similar veterinary inspection service is provided at all Army Posts within the Military District for all perishable foods consumed in the organizational messes and sold in Army commissaries. This preventive measure helps to provide a clean, safe, high quality food for consumption by members of the Armed Forces within the area.

All dairy plants in the Military District of Washington that furnish milk to the Army, Navy, Air Forces and Marine Corps are closely supervised to insure that wholesome, clean, safe milk is provided. In addition to the inspection of the milk plants, samples of milk are submitted to U.S. Army Veterinary laboratories for examination and analysis at regular and frequent intervals. These laboratories supplement and aid the veterinary inspection program by continually testing and analyzing samples of milk and meat purchased by the U.S. Government.

Veterinary hospitals are located at Ft. Myer, Ft. Belvoir, Army Medical Center, Bolling AF Base, and at the Marine Barracks at Quantico. These units provide care for U.S. Government owned horses including those used by the Ceremonial Detachment at Ft. Myer. Because of the present extreme shortage of Veterinary Officers throughout the Army, only emergency service is provided for the pets of members of the Armed Forces. The veterinary service provided by the hospitals is a preventive one and includes inoculation for rabies and preparation of health certificates as required by Army Regulations and local Public Health Ordinances. No surgery is provided small animals because of the lack of drugs and surgical equipment. Animals that provide blood, serum, and other types of laboratory media for use in the military hospitals in the area are cared for through the U.S. Army Veterinary Service.

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# VETERINARY SECTION

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## CARE OF FOODSTUFFS

Through the Army Inspection Services, a high quality, clean and safe food is provided for the Organizational messes and Army commissaries. It is the responsibility of the military organizations as well as the individual family, who receive or purchase perishable foods from these sources to safeguard these foods from the time they are acquired until they are consumed. Precautions should include careful handling to protect them from contamination, adequate refrigeration to prevent deterioration and proper preparation in order to prevent excessive waste. Foods should be protected from dust, rodents, flies and other insects, from the time the food leaves the source until it is consumed.

The preventive medicine program of providing clean and safe foods is defeated if such foods are allowed to deteriorate because of contamination from outside sources and inadequate refrigeration. The hot, humid weather of this area makes it extremely important that all perishable foods of animal origin be placed in refrigeration as soon as possible. A high standard of personal hygiene for personnel handling foods is mandatory.

## POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED JULY 1948 (Data obtained from WD AGO Form 8-134)

STATION	* CLASS 3	CLASS 4	CLASS 5	CLASS 6	CLASS 7	CLASS 8	CLASS 9	TOTAL
Fort Lesley J. McNair . . . . .	-	49,281	78,237	-	127,518	11,164	-	266,200
Fort Belvoir, Virginia. . . . .	-	179,069	273,613	1,253	411,889	21,499	-	887,323
Potomac Yard Distribution Point	-	296,593	134,232	374,192	-	-	-	805,017
Fort Myer, Virginia . . . . .	-	175,374	129,518	-	302,775	6,167	-	613,834
MDW Vet Det, Fort Myer, Virginia	297,213	-	-	-	-	-	-	297,213
US Navy . . . . .	168,082	-	-	-	-	-	-	168,082
The Pentagon	-	-	-	-	-	402,514	-	402,514
TOTAL . . . . .	465,295	700,317	615,600	375,445	842,182	441,344	-	3,440,183
Army Medical Center . . . . .	-	201,184	56,118	-	257,262	5,160	-	519,724
Washington Quartermaster. . . . .	-	82,368	61,095	-	180,231	6,085	-	329,779
Andrews AF Base . . . . .	-	87,839	67,119	-	183,850	20,620	-	359,428
Bolling AF Base . . . . .	-	121,996	103,099	-	241,117	36,192	4,639	507,043
TOTAL . . . . .	-	493,387	287,431	-	862,460	68,057	4,639	1,715,974
GRAND TOTAL . . . . .	465,295	1,193,704	903,031	375,445	1,704,642	509,401	4,639	5,156,157
REJECTIONS:								
Mil Dist of Washington								
Not Type, Class, or Grade .	21,335							21,335
US Navy								
Not Type, Class, or Grade .	23,565							23,565
Andrews AF Base								
Insanitary or Unsound . . .					195			195
Bolling AF Base								
Not Type, Class, or Grade .						8		8
Insanitary or Unsound . . .						94		94
Total Rejections	44,900				195	102		46,197
* Class 3 - Prior to Purchase								
Class 4 - On delivery at Purchase								
Class 5 - Any Receipt Except Purchase								
Class 6 - Prior to Shipment								
Class 7 - At Issue or Sale								
Class 8 - Purchases by Post Exchange, Clubs, Messes or Post Restaurants								
Class 9 - Storage								

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**RESTRICTED****DENTAL SERVICE****DENTAL SERVICE IN THE MILITARY DISTRICT OF WASHINGTON**

The following chart reflects the dental services performed by the medical units within the Military District of Washington.

The chart primarily reflects treatment given to military personnel since service to dependents is limited to relief of pain. This situation is the result of the critical shortage of Dental Corps officers in the Armed Forces at the present time.

**DENTAL SERVICE - MONTH OF JULY 1948**

STATION	Officers	Days of Duty	Sittings	Amalgam	Oxy and Amal	Silicate	Inlays	Bridges	Bridge Repair	Crowns	Dentures			Extractions	Calculus Removed	X-Ray	Examinations
											Full	Partial	Repair				
Arlington Hall	1	31	290	61	22	24	-	-	-	-	-	5	-	16	8	17	181
Fort Belvoir	9	275	1558	338	381	177	2	11	5	3	26	12	14	465	138	98	962
Fort McNair	3	37	627	159	136	61	-	-	2	-	3	6	3	37	39	20	391
Fort Myer (North Post)	4	104	776	178	54	44	2	6	4	3	5	23	5	52	30	423	322
Fort Myer (South Post)	2	62	389	173	57	30	-	-	1	1	-	16	1	40	6	67	135
General Dispensary, USA	7	228	1979	444	165	153	6	3	3	6	10	44	15	129	99	944	562
Vint Hill Farms	2	52	348	94	29	54	1	1	-	-	4	12	7	77	13	47	69
Total Mil Dist of Wash	28	789	5967	1447	844	543	11	21	15	13	48	118	45	816	333	1616	2622

**THE STERILIZATION OF THE DENTAL HANDPIECE**

Most dental offices are models of sanitation. Dentists pride themselves on the cleanliness of their operating rooms and on the condition of their equipment. Few members of the profession would think of operating with unscrubbed and unsterilized instruments. Yet the one instrument that is used most often, the handpiece, is cleansed the least. Burs and mandrels, disks and stones are sterilized thoroughly before use. However, the chuck, which holds them and which also enters the mouth, may be indifferently cleansed. All too frequently it may be contaminated and may carry contamination from one patient to another.

The possibility that cross infection may be caused by handpieces has been demonstrated by Knighton,<sup>1</sup> who made a study of handpieces used by students at the University of Louisville School of Dentistry. Contra-angle and right angle handpieces were run for one minute in 50 cc of an 0.85 per cent solution of sodium chloride. The different saline solutions in amounts of 1 and 0.1 cc then were mixed with Difco heart infusion agar containing 5 per cent defibrinated rabbit's blood. The cultures were studied after forty-eight hours of incubation at 37°C. The colonies were counted, and the total number of viable bacteria for each suspension was estimated. Some of the handpieces were run in the saline solution immediately after an operation; others were run from two to twenty-four hours later. In a few cases the students used commercially prepared disinfecting solution between the time of the operation and the time of culturing. All of the ten handpieces tested immediately after operation showed a positive bacterial growth with an average colony count of 61,000. The seventeen handpieces tested two hours after operation all showed the presence of bacterial growth, with an average colony count of 32,000. Sixteen of the nineteen handpieces that were tested eighteen to twenty-four hours after use had an average colony count of but 500. This low count may be accounted for partially by dehydration and partially by some residual effect from previous use of chemicals.

Knighton also reported on the effectiveness of cold sterilization of handpieces. Sixteen right angle handpieces were run for five minutes in 50 cc of paraffin-stimulated saliva, dried and left for twenty minutes in sterile Petri dishes. Half of these handpieces then were run for one minute in 100 cc of an 0.85 percent solution of sterile sodium chloride, and plate counts were made. The second group of handpieces was run in 50 cc of disinfecting and cleansing solution, wiped well run in 100 cc of saline solution and then cultured. Results indicated that the use of a disinfectant reduced the number of colony counts but also indicated that sterility cannot be guaranteed by this method.

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As early as 1924, Appleton<sup>2</sup> demonstrated the practicability of sterilizing handpieces by immersion in a hot oil bath, but the method has not been adopted generally. It was revived, however, in some of the Army and Navy dental centers during the late war. The maintenance and sterilization of handpieces presented difficult problems to dentists in the armed forces. Parke<sup>3</sup> reported that one navel training center solved both problems by running handpieces in a cleansing solution for one minute after each use and then immersing them for five minutes in a hot oil bath. The cleanser consisted of a solution of xylol, carbon tetrachloride and liquid petrolatum. The sterilizing solution consisted of heavy liquid petrolatum heated to 300° F. Handpieces treated in this manner were reported to be relatively sterile and gave more efficient service over longer periods of time. During a five months' period after the adoption of this method of sterilization there was a 61 per cent drop in the number of handpieces turned in for servicing.

Dentists in the British armed forces, particularly those assigned to outlying stations, faced the same problems of keeping their handpieces sterile and maintaining them in serviceable condition. Harvey, LeMay and Shuttleworth<sup>4</sup> reported that the problem was solved in one RAF Dispensary by adding 2 per cent of an anticorrosive agent to the ordinary alkaline aqueous sterilizing solution. This agent consists of 95 percent of a light petroleum neutral oil (containing approximately 64 per cent paraffins, 31 per cent naphthalenes and 5 per cent aromatics) and 5 percent of a complex of metallic petroleum sulfonates. According to these authors, boiling of handpieces for five minutes in the solution rendered them free from ordinary nonresistant types of organisms and acted as a lubricant as well.

It is quite apparent from the few studies that have been made on the subject that the most effective method of sterilizing handpieces without injury to their mechanism is first to flush them in a good cleansing solution and then boil them in oil. This procedure may require a little extra equipment and additional expense, but it is unlikely that the expenditure will be commensurate with the cost of several unusable handpieces.

A worn and untrue handpiece adds to the patient's discomfort, prevents precise cavity preparation, taxes the dentist's nerves and increases operating costs. Unsterilized handpieces are dangerous, and their use cannot be condoned.

It would appear that the handpiece is the sole surviving source for the transmission of infection in many dental offices. All other avenues have been closed by simple and inexpensive methods of sterilization. Processes have been devised that will prolong the life of the handpiece and render it surgically clean. By adopting these procedures, dentists can render better service to their patients.

1. Knighton, H. T., Unpublished material.
2. Appleton, J.L.T., Bacterial Infection. Philadelphia; Lea & Febiger, 1944, p 62.
3. Parke, G.L., Sterilization and Lubrication of Dental Handpieces. U.S. Nav M. Bull. 45:955 (Nov) 1945.
4. Harvey, Warren; LeMay, C.H., and Shuttleworth, C.W., The Sterilization of Dental Handpieces. Proc. Roy. Soc. Med. 15:507 (July) 1947.

(Extracted from J.A.D.A., Vol 36, March 1948)

#### PRESCRIPTION WRITING FOR DENTAL OFFICERS

"Honor your profession and you will honor yourself." The great trust granted to a dentist by the state and nation is a measure intended to safeguard the oral health of the community. It implies that the responsibility of the dentist is to so conduct himself and his practice that he will, in every conceivable manner, increase the scope and usefulness of dentistry to the people.

The major concern of dentistry is to safeguard public health. A drug with a definite physiological action will injure health if repeated too often. It is absolutely essential to regulate its usage by means of directed medication. The dental officer, if he desires a medicine to serve its purpose, must direct its use by means of prescription. Pharmacists look askance at the dental officer when he holds himself forth as a member of the healing arts but cannot write a prescription properly. By a sincere study of available data and collateral reading and by continued practice in prescribing for cases under his treatment, the dental officer can qualify to write prescriptions, instead of telling patients what drugs to use verbally.

# ADMINISTRATION DIVISION

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## OUTPATIENT SERVICE

The limitation of operating personnel and the large outpatient load placed on the services of the medical installations in the command has pointed to the necessity of carefully planning and putting into effect an efficient method of "seeing" the patients so that the maximum use can be made of time allotted to outpatient care and that patients' "waiting time" be held to the minimum.

Experience has shown that a time schedule appointment system is most valuable in achieving these goals; a steady flow of patients can be maintained through the service without undue loss of time to the operating personnel and the long waiting period which many patients, of necessity, must endure can also be eliminated. With this method of scheduling appointments, a good doctor-patient relationship, an important fundamental of medicine, is promoted because, in most instances, the same medical officer who first sees the patient will follow the case through to its termination.

## OUTPATIENT SERVICE IN THE MILITARY DISTRICT OF WASHINGTON

Consolidated statistical data on the outpatient services, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the five week period ending 30 July 1948, are indicated below:

### ARMY:

Number of Out-Patients . . . . . 7951  
Number of Treatments . . . . . 11020

### NON ARMY:

Number of Out-Patients . . . . . 3735  
Number of Treatments . . . . . 10607

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED . . . 1933

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED . . 8198

## HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

STATION	Apr 48	May 48	June 48	July 48
<b>FORT BELVOIR</b>				
Income Per Ration . . . . .	\$ 1.110	\$ 1.120	\$ 1.170	\$ 1.197
Expense Per Ration . . . . .	1.200	1.130	1.110	1.180
Gain or Loss . . . . .	- 0.090	- 0.010	0.060	0.017
<b>FORT MYER (NORTH POST)</b>				
Income Per Ration . . . . .	1.096	1.096	1.168	1.191
Expense Per Ration . . . . .	1.053	1.053	1.119	1.223
Gain or Loss . . . . .	0.043	0.043	0.049	- 0.032

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# ADMINISTRATIVE DIVISION

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Following is a list of publications which are of particular interest to the Medical Department:

## DEPARTMENT OF THE ARMY CIRCULARS

Cir No	Subject	Date
195	Albumin, Serum, Human - Expiration date	1 July 48
197	Highway Warning Kits	2 July 48
200	Change in AR 40-590	6 July 48
202	Implementation of Career Guidance Plan for Warrant Officers and Enlisted Personnel	7 July 48
203	Introduction of Food Service Career Field	8 July 48
207	Constructive Credits, Equivalents	9 July 48
209	Military Records, Officer's Separation Certificates	13 July 48
210	Appointment of Professional & Technical Experts or Specialists in the Officer Reserve Corps	14 July 48
211	Open Allotments	15 July 48
217	Military Missions	21 July 48
218	Army Safety Program	22 July 48
225	Officers & Warrant Officers of the AUS without component	29 July 48

## DEPARTMENT OF THE ARMY MEMORANDA

Memo No	Subject	Date
1-10-1	List of War Department and Department of the Army Memoranda	1 July 48
40-590-13	Administration of Fixed Hospitals - Zone of the Interior	9 July 48
40-1005-7	Report of Medical Department Personnel	13 July 48
40-1005-7 C-1	Report of Medical Department Personnel	27 July 48
305-15-10	List of Recurring Reports Authorized for Preparation	15 July 48
850-325-4	Protection from Carbon Arc Radiation	13 July 48
6640-5	Dropping Allowance for Minor Items of Non-Expendable Organizational Equipment	

## MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No	Subject	Date
30	Hospitalization and Evacuation in the Military District of Washington	1 July 48
31	Civilian Medical and Dental Attendance	2 July 48

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## ADMINISTRATION DIVISION

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The following TWX, Office of the Adjutant General, 23 July 1948, WCL 42583, is quoted for information and compliance:

"Pending publication of proposed directive entitled "Short Tours of Active Duty Training for Members of the Officers' Reserve Corps and Enlisted Reserve Corps," which will supercede WD Memo 600-150-1, dated 11 September 1947, as amended by Changes No. 2, Department of the Army Memo 600-150-1, 19 December 1947, and individual ordered to active duty training for periods from eight to thirty days may, in lieu of the presently required physical examination (unless indicated), accomplish a certificate as provided in paragraph 1 d (2), WD Memo 600-150-1, if such individual certifies that he had been found physically qualified for active duty as the result of a physical examination accomplished within one (1) year preceding the date of active duty training."

### EXPLANATION OF MEDICAL STATISTICS

The following explanation and clarification of the methods and formulae used to compute certain Medical Department statistical data is presented to enable personnel who are concerned with the meaning of the statistics to better understand them.

#### 1. Rates

- a. A statistical rate is the number of times an event occurs in a definite number of people during a given period of time. In order to calculate this the following must be known:
  - (1) Frequencies of the event (cases, deaths, etc.)
  - (2) Strength
  - (3) Period of time
- \*b. Army vital statistics are figured as rates per 1000, that is a strength of 1000 troops is used as a base. This figure is used by all Medical installations and permits a rapid and accurate comparison to be made by the Surgeon General's Office between all subordinate units.
- c. In addition, Army rates are estimated on 1000 per annum. If in a command of 1000 men there are 10 cases of measles during one month and if the rate per 1000 per annum is desired, the 10 would be multiplied by 12. The result in this case would be 120 and as there were 1000 troops the rate would be 120 per 1000 per annum. (Here we have assumed that the same number of cases as occurred in the first month would occur during the remaining eleven months of the year, as well as assuming that the total number of troops would remain at the constant total of 1000. In most cases, the strength fluctuates and is not in even thousands, thus additional calculations are required.)

#### 2. Strength

- a. The term strength means the number of individuals present at a certain time or during a certain period. Mean strength refers to the sum of daily strengths divided by the number of the days in the period. For example: If a unit had a daily strength of 100 men for 7 days, the mean strength for the period would be 700 divided by 7 or 100; if the unit had been activated on the 6th day of the report period, the mean strength would be computed as 200 divided by 7 or 30 (29.5), therefore, in some instances mean strength is not average strength since the average strength in the second example would be 100.

#### 3. Formulae

- a. The following formula has been found to be valuable in computing rates per 1000 per annum for any period:

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$$\frac{\text{No. of Cases in period} \times 1000 \times 1 \text{ year (expressed in days, weeks, months)}}{\text{Mean strength} \times \text{No of days, weeks, months in period}}$$

To illustrate, suppose there were 12 cases of measles in a command of 610 men in a 5 week period. To determine the rate per 1000 per annum, we would apply the formula in this manner:

$$\frac{12 \times 1000 \times 52}{610 \times 5} = 204.5$$

Here the number of cases is 12 and this is multiplied by 1000 and then by 52. The figure 52 represents one year expressed in weeks. This result is divided by the total of the strength multiplied by 5 (the number of weeks in which the 12 cases occurred).

Suppose the case had occurred in one calendar month:

$$\frac{12 \times 1000 \times 12}{610 \times 1} = 236.0$$

In this case the year is expressed by 12, the number of months in one year, and the strength is multiplied by one, there being one month in the period.

Most of the morbidity records prepared by camp or station surgeons cover a 1, 4 or a 5 week period so that the first example shown would be the one to follow.

#### 4. Noneffective Rate

- a. The noneffective rate is a daily rate and is the number of men sick in hospital or quarters per 1000 strength on the day for which it is calculated. The noneffective rate is employed to determine the number of troops in a given command that are not physically fit for duty on a given day, or the average daily noneffectiveness caused by a disease during a selected period of time.

The noneffective rate for a given day may be calculated as follows:

$$\frac{\text{Number of sick} \times 1000}{\text{Strength}} = \text{Noneffective rate}$$

The following formula may be used to determine the average daily noneffective rate for a period of more than one day:

$$\frac{\text{Total days lost}}{\text{No of days in period}} \times \frac{1000}{\text{Mean daily strength}} = \text{Noneffective rate}$$

Thus, if in a command of 500 troops, 10 men are sick on a given day the noneffective rate is 20 per 1000 troops. It is calculated as follows:

$$\begin{aligned} \text{Noneffective rate per 1000} &= \frac{10 \times 1000}{1 \times 500} \\ &= \frac{10,000}{500} \\ &= 20 \end{aligned}$$



## ADMINISTRATION DIVISION

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If 4 cases of measles occur in a command of 500 troops during a 30 day month and these cases are sick for 10, 12, 14 and 14 days, respectively, the noneffective rate may be calculated as follows:

$$\begin{aligned}\text{Noneffective rate} &= \frac{(10 + 12 + 14 + 14) \times 1000}{30 \times 500} \\ &= \frac{50,000}{15,000} \\ &= 3.33\end{aligned}$$

or:

$$\begin{aligned}\text{Noneffective rate} &= \frac{50}{30} \times \frac{1000}{500} \\ &= 1.666 \times \frac{1000}{500} \\ &= 1.666 \times 2 \\ &= 3.33\end{aligned}$$

For further illustration, if the 1947 daily mean strength for De-ment of Army personnel on duty in the Military District of Washington (or any other Area Command) was 134,380, and they had lost 73,144 days from duty because of influenza in the calendar year 1947, it could be expressed by the noneffective rate as 1.49 men out of every 1000 troops were incapacitated for duty each day of the year due to this disease. This is deter-mined by the following calculation:

$$\begin{aligned}\text{Noneffective rate per 1000} &= \frac{\text{total days lost}}{\text{no of days in period}} \times \frac{1000}{\text{daily mean str for period}} \\ &= \frac{73144}{365} \times \frac{1000}{134380} \\ &= 200.39 \times \frac{1000}{134380} \\ &= 1.49\end{aligned}$$

### REPORTING VITAL STATISTICS TO CIVILIAN AUTHORITIES

Unit Surgeons are reminded of their responsibilities under Section VI, Army Regulations 40-1080, concerning reporting cases of acute communicable diseases among military and civilian per-sonnel as well as births and deaths, to civil health authorities.

Reports should be submitted in accordance with the local health laws and regulations.

### LEADERSHIP

The principles of leadership and the traits of character required in a leader are the same whether he be a member of a combat type unit or of a staff or technical group. Only techniques of application differ because of local problems.

Department of the Army Circular Number 6, dated 19 July 1948 is a guide through the many problems which confront the officer and non-commissioned officer during his daily duties, as well as setting forth general requirements in preparing courses in leadership by training staffs.

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